

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
AITKIN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	Itasca Medical Care	IMCare Classic						•	\$33.11	\$33.11				•			90	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80				•			90	•
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87				•			90	•
		Medica Advantage Solution NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I					•		\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11				•			91	•
		UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00				•	•		88	•

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Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
ANOKA	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*					90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*					90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
	HealthPartners	Freedom Plan I					*		\$49.00	-								
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*			84	*
		Freedom Plan II					*		\$75.00	-								
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*			84	*
		Freedom Plan III					*		\$110.00	-								
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*	*		84	*
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*			84	*
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*	*		84	*
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*	*		84	*
		Classic	*						\$202.11	\$20.67			*				84	*
	HealthPartners Classic MN Senior Health Options	Classic for Minnesota Senior Health Option						*	\$4.56	\$4.56			*				84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					*		\$0.00	\$0.00	*			*			97	*
	Medica Dual Solution	Medica Dual Solution					*		\$2.80	\$2.80			*				90	*
	Medica Health Plans	Medicare Advantage Solution Choice					*		\$1.87	\$1.87			*				90	*
		Medica Advantage Solution- Metro-Standard					*		\$82.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	Metropolitan Health Plan MSHO	MHP-MnSHO					*	*	\$33.11	\$33.11			*				90	*
	North Star Advantage / North Star Advantage Plus	North Star Advantage	*						\$0.00	-								
		North Star Advantage Plus	*						\$42.90	\$42.90			*				90	
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options					*		\$33.11	\$33.11			*				91	*
		UCare Complete					*		\$33.11	\$33.11			*				91	*
		UCare for Seniors Value	*						\$34.00	-								
		UCare for Seniors Value Plus	*						\$74.00	\$30.30	*			*			97	*
		UCare for Seniors Classic	*						\$104.00	\$31.07	*			*			97	*

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BECKER	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
	HealthPartners	Freedom Plan I					*		\$49.00	-								
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*			84	*
		Freedom Plan II					*		\$75.00	-								
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*			84	*
		Freedom Plan III					*		\$110.00	-								
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*			84	*
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*		*	84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Dual Solution	Medica Dual Solution					*		\$2.80	\$2.80			*				90	*
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*				90	*
		Medica Advantage Solution NonMetroStandard				*			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-								
		SecurityChoice Plus				*			\$4.00	\$0.00			*	*			88	*
BELTRAMI	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
	HealthPartners	Freedom Plan I					*		\$49.00	-								
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*			84	*
		Freedom Plan II					*		\$75.00	-								
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*			84	*
		Freedom Plan III					*		\$110.00	-								
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*			84	*
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*		*	84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*				90	*
		Medica Advantage Solution NonMetroStandard				*			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-								
		SecurityChoice Plus				*			\$4.00	\$0.00			*	*			88	*

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
BENTON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•		•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•		\$32.11	\$32.11			•			90		
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•		•			84	•	
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•		•			84	•	
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•		•		•	84	•	
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•		•			84	•	
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•		•		•	84	•	
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•		•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•		•			97	•	
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•			90	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•			90	•	
		Medica Advantage Solution NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•		•			91	•	
		Prime Solution Enhanced						•	\$141.53	\$26.53	•		•			91	•	
	Sterling Option I	Sterling Option I						•	\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•			91	•	
		UCare for Seniors Value	•						\$34.00	-								
		UCare for Seniors Value Plus	•						\$74.00	\$30.30	•		•			97	•	
		UCare for Seniors Classic	•						\$104.00	\$31.07	•		•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00			•	•		88	•	

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			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
BIG STONE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•		•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•		\$32.11	\$32.11			•			90		
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•		•			84	•	
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•		•			84	•	
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•		•		•	84	•	
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•		•			84	•	
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•		•		•	84	•	
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•		•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•		•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•			90	•	
		Medica Advantage Solution NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•		•			91	•	
		Prime Solution Enhanced					•		\$141.53	\$26.53	•		•			91	•	
	Primewest Health System	PrimeVest Senior Health Complete						•	\$31.49	\$31.49			•			90		
	SecureHorizons Direct	SecureHorizons Direct Plan 1					•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200					•		\$85.00	-								
	Sterling Option I	Sterling Option I					•		\$38.00	-								
	Today's Option	Today's Options Basic					•		\$14.95	-								
		Today's Options Premier					•		\$26.95	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-								
		SecurityChoice Plus					•		\$4.00	\$0.00			•	•		88	•	

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
BLUE EARTH	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*				90	*
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*				90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*				97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*					90	
	HealthPartners	Freedom Plan I					*	\$49.00	-									
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*				84	*
		Freedom Plan II					*	\$75.00	-									
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*				84	*
		Freedom Plan III					*	\$110.00	-									
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*		84	*
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*				84	*
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*		84	*
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*		84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*				97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*					90	*
		Medica Advantage Solution NonMetroStandard				*		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*				91	*
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*				91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	Today's Option	Today's Options Basic				*		\$14.95	-									
		Today's Options Premier				*		\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*					91	*
		UCare for Seniors Silver	*					\$56.00	-									
		UCare for Seniors Silver Plus	*					\$92.00	\$31.48	*			*				97	*
		UCare for Seniors Crystal	*					\$121.00	\$32.50	*			*				97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$4.00	\$0.00			*	*				88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
BROWN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*			97	*	
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*				90		
	HealthPartners	Freedom Plan I					*	\$49.00	-									
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*			84	*	
		Freedom Plan II					*	\$75.00	-									
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*			84	*	
		Freedom Plan III					*	\$110.00	-									
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*			84	*	
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*	84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*			97	*	
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*				90	*	
		Medica Advantage Solution NonMetroStandard			*			\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*			91	*	
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*			91	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	South Country Health Alliance	SeniorCare Complete					*	\$22.66	\$22.66			*				97		
		AbilityCare	*					\$27.79	\$27.79			*				97		
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	Today's Option	Today's Options Basic				*		\$14.95	-									
		Today's Options Premier				*		\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*				91	*	
		UCare for Seniors Silver	*					\$56.00	-									
		UCare for Seniors Silver Plus	*					\$92.00	\$31.48	*			*			97	*	
		UCare for Seniors Crystal	*					\$121.00	\$32.50	*			*			97	*	
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-				*					
		SecurityChoice Plus				*		\$4.00	\$0.00			*	*			88	*	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
CARLTON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•			•			90	•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•			•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•				•			97	•
	First Plan Blue	First Plan Blue - MSHO					•	\$32.11	\$32.11			•					90	
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•				•			84	•
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•				•			84	•
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•				•		•	84	•
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•				•			84	•
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•				•		•	84	•
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•				•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•				•			97	•
	Medica Dual Solution	Medica Dual Solution					•	\$2.80	\$2.80			•					90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•		\$1.87	\$1.87				•				90	•
		Medica Advantage Solution NonMetroStandard				•		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•				•			91	•
		Prime Solution Enhanced					•	\$141.53	\$26.53	•				•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2					•	\$0.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	Today's Option	Today's Options Basic					•	\$14.95	-									
		Today's Options Premier					•	\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•					91	•
		UCare for Seniors Grand	•					\$52.00	-									
		UCare for Seniors Grand Plus	•					\$89.00	\$31.48	•				•			97	•
		UCare for Seniors Superior	•					\$119.00	\$32.50	•				•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•		•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
CARVER	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
		Classic	•						\$202.11	\$20.67			•				84	•
	HealthPartners Classic MN Senior Health Options	Classic for Minnesota Senior Health Option						•	\$4.56	\$4.56			•				84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Metropolitan Health Plan MSHO	MHP-MnSHO						•	\$33.11	\$33.11			•				90	•
	North Star Advantage / North Star Advantage Plus	North Star Advantage	•						\$0.00	-								
		North Star Advantage Plus	•						\$42.90	\$42.90			•				90	
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare Complete						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Value	•						\$34.00	-								
		UCare for Seniors Value Plus	•						\$74.00	\$30.30	•			•			97	•
		UCare for Seniors Classic	•						\$104.00	\$31.07	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
CASS	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			•	
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•			90		
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•		84	•	
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•		84	•	
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		84	•	
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•		84	•	
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		84	•	
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025						•	\$0.00	\$0.00	•			•		97	•	
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•			90	•	
	Medica Health Plans	Medicare Advantage Solution Choice						•	\$1.87	\$1.87			•			90	•	
		Medica Advantage Solution NonMetroStandard						•	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•		91	•	
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•		91	•	
	Sterling Option I	Sterling Option I						•	\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•			91	•	
		UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•		97	•	
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•		97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00			•	•		88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
CHIPPEWA	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 1					•	\$0.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	Today's Option	Today's Options Basic					•	\$14.95	-									
		Today's Options Premier					•	\$26.95	-									
	UCare Minnesota	UCare for Seniors Silver	•					\$56.00	-									
		UCare for Seniors Silver Plus	•					\$92.00	\$31.48	•			•			97	•	
		UCare for Seniors Crystal	•					\$121.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
CHISAGO	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
	HealthPartners	Freedom Plan I						*	\$49.00	-								
		Freedom Plan I with Standard Rx						*	\$68.88	\$19.88	*			*			84	*
		Freedom Plan II						*	\$75.00	-								
		Freedom Plan II with Standard Rx						*	\$94.88	\$19.88	*			*			84	*
		Freedom Plan III						*	\$110.00	-								
		Freedom Plan I with Enhanced Rx						*	\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Standard Rx						*	\$129.88	\$19.88	*			*			84	*
		Freedom Plan II with Enhanced Rx						*	\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx						*	\$177.66	\$67.66	*			*		*	84	*
	Humana Insurance Company	Classic	*						\$202.11	\$20.67			*				84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Dual Solution	Medica Dual Solution						*	\$2.80	\$2.80			*				90	*
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*				90	*
		Medicare Advantage Solution NonMetroStandard				*			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						*	\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced						*	\$141.53	\$26.53	*			*			91	*
	North Star Advantage / North Star Advantage Plus	North Star Advantage	*						\$0.00	-								
		North Star Advantage Plus	*						\$42.90	\$42.90			*				90	
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						*	\$33.11	\$33.11			*				91	*
		UCare for Seniors Value	*						\$34.00	-								
		UCare for Seniors Value Plus	*						\$74.00	\$30.30	*			*			97	*
		UCare for Seniors Classic	*						\$104.00	\$31.07	*			*			97	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
CLAY	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4					•		\$25.00	-								
		SecureHorizons Direct Premier Plan 200					•		\$85.00	-								
	Sterling Option I	Sterling Option I					•		\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-								
		SecurityChoice Plus					•		\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
CLEARWATER	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
		Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
		HealthPartners						*	\$49.00	-								
		Freedom Plan I						*	\$68.88	\$19.88	*			*			84	*
		Freedom Plan I with Standard Rx						*	\$75.00	-								
		Freedom Plan II						*	\$94.88	\$19.88	*			*			84	*
		Freedom Plan II with Standard Rx						*	\$110.00	-								
		Freedom Plan III						*	\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan I with Enhanced Rx						*	\$129.88	\$19.88	*			*			84	*
		Freedom Plan III with Standard Rx						*	\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan II with Enhanced Rx						*	\$177.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx						*	\$0.00	\$0.00	*			*			97	*
		Humana Insurance Company				*			\$1.87	\$1.87			*				90	*
		Medica Health Plans				*							*					
		Medica Advantage Solution						*	\$9.00	-								
		NonMetroStandard				*			\$122.53	\$26.53	*			*			91	*
		Prime Solution Basic					*		\$141.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$0.00	-								
		SecureHorizons Direct				*			\$85.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$38.00	-								
		Sterling Option I				*			\$14.95	-								
		Today's Option				*			\$26.95	-								
		Today's Options Basic				*			\$0.00	-								
		Today's Options Premier				*			\$0.00	-								
		Unicare Life & Health Ins. Company				*			\$4.00	\$0.00			*	*			88	*
		SecurityChoice Classic				*							*					
		SecurityChoice Plus				*							*					
COOK	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
		First Plan Blue						*	\$32.11	\$32.11			*				90	
		HealthPartners						*	\$49.00	-								
		Freedom Plan I						*	\$68.88	\$19.88	*			*			84	*
		Freedom Plan I with Standard Rx						*	\$75.00	-								
		Freedom Plan II						*	\$94.88	\$19.88	*			*			84	*
		Freedom Plan II with Standard Rx						*	\$110.00	-								
		Freedom Plan III						*	\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan I with Enhanced Rx						*	\$129.88	\$19.88	*			*			84	*
		Freedom Plan III with Standard Rx						*	\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan II with Enhanced Rx						*	\$177.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx						*	\$0.00	\$0.00	*			*			97	*
		Humana Insurance Company				*			\$38.00	-				*				
		Sterling Option I				*			\$0.00	-				*				
		Unicare Life & Health Ins. Company				*			\$0.00	-				*				
		SecurityChoice Classic				*			\$4.00	\$0.00			*	*			88	*
		SecurityChoice Plus				*							*					

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
COTTONWOOD	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 3					•	\$0.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•	
		UCare for Seniors Silver	•					\$56.00	-									
		UCare for Seniors Silver Plus	•					\$92.00	\$31.48	•			•			97	•	
		UCare for Seniors Crystal	•					\$121.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
CROW WING	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue					•		\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution					•		\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options					•		\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
DAKOTA	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*			97	*	
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11	*		*	*			90		
	HealthPartners	Freedom Plan I					*	\$49.00	-				*					
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*			84	*	
		Freedom Plan II					*	\$75.00	-				*					
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*			84	*	
		Freedom Plan III					*	\$110.00	-				*					
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*		*	84	*	
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*	84	*	
		Classic	*					\$202.11	\$20.67			*	*			84	*	
	HealthPartners Classic MN Senior Health Options	Classic for Minnesota Senior Health Option						\$4.56	\$4.56			*	*			84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*			97	*	
	Medica Dual Solution	Medica Dual Solution					*	\$2.80	\$2.80			*	*			90	*	
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*	*			90	*	
		Medica Advantage Solution- Metro-Standard				*		\$82.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*			91	*	
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*			91	*	
	North Star Advantage / North Star Advantage Plus	North Star Advantage	*					\$0.00	-									
		North Star Advantage Plus	*					\$42.90	\$42.90			*				90		
	Sterling Option I	Sterling Option I				*		\$38.00										
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*	*			91	*	
		UCare Complete					*	\$33.11	\$33.11			*	*			91	*	
		UCare for Seniors Value	*					\$34.00	-				*					
		UCare for Seniors Value Plus	*					\$74.00	\$30.30	*			*			97	*	
		UCare for Seniors Classic	*					\$104.00	\$31.07	*			*			97	*	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
DODGE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	South Country Health Alliance	SeniorCare Complete					•	\$22.66	\$22.66			•				97		
		AbilityCare	•					\$27.79	\$27.79			•				97		
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•	
		UCare for Seniors Silver	•					\$56.00	-									
		UCare for Seniors Silver Plus	•					\$92.00	\$31.48	•			•			97	•	
		UCare for Seniors Crystal	•					\$121.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service												
County	Organization Name	Plan Name							Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DOUGLAS	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•	•		84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•	•		84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•	•		84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Primewest Health System	PrimeWest Senior Health Complete						•	\$31.49	\$31.49			•				90	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
FARIBAULT	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*				90	*
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*				90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*				97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*					90	
	HealthPartners	Freedom Plan I					*	\$49.00	-									
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*				84	*
		Freedom Plan II					*	\$75.00	-									
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*				84	*
		Freedom Plan III					*	\$110.00	-									
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*		84	*
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*				84	*
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*		84	*
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*		84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*				97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*					90	*
		Medica Advantage Solution NonMetroStandard				*		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*				91	*
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*				91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	Today's Option	Today's Options Basic				*		\$14.95	-									
		Today's Options Premier				*		\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*					91	*
		UCare for Seniors Silver	*					\$56.00	-									
		UCare for Seniors Silver Plus	*					\$92.00	\$31.48	*			*				97	*
		UCare for Seniors Crystal	*					\$121.00	\$32.50	*			*				97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$4.00	\$0.00			*	*				88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
FILLMORE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 4					•	\$25.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•	
		UCare for Seniors Silver	•					\$56.00	-									
		UCare for Seniors Silver Plus	•					\$92.00	\$31.48	•			•			97	•	
		UCare for Seniors Crystal	•					\$121.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
FREEBORN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*				90	*
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*				90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*				97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*					90	
	HealthPartners	Freedom Plan I					*	\$49.00	-									
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*				84	*
		Freedom Plan II					*	\$75.00	-									
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*				84	*
		Freedom Plan III					*	\$110.00	-									
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*		84	*
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*				84	*
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*		84	*
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*		84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*				97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*					90	*
		Medica Advantage Solution				*		\$9.00	-									
		NonMetroStandard				*		\$9.00	-									
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	South Country Health Alliance	SeniorCare Complete					*	\$22.66	\$22.66			*					97	
		AbilityCare	*					\$27.79	\$27.79			*					97	
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	Today's Option	Today's Options Basic				*		\$14.95	-									
		Today's Options Premier				*		\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*					91	*
		UCare for Seniors Silver	*					\$56.00	-									
		UCare for Seniors Silver Plus	*					\$92.00	\$31.48	*		*					97	*
		UCare for Seniors Crystal	*					\$121.00	\$32.50	*		*					97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$4.00	\$0.00			*	*				88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
GOODHUE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025						•	\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice						•	\$1.87	\$1.87			•				90	•
		NonMetroStandard						•	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	South Country Health Alliance	SeniorCare Complete						•	\$22.66	\$22.66			•				97	
		AbilityCare	•						\$27.79	\$27.79			•				97	
	Sterling Option I	Sterling Option I						•	\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
GRANT	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•				90	•
		NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Primewest Health System	PrimeWest Senior Health Complete						•	\$31.49	\$31.49			•				90	
	SecureHorizons Direct	SecureHorizons Direct Plan 2					•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200					•		\$85.00	-								
	Sterling Option I	Sterling Option I					•		\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-								
		SecurityChoice Plus					•		\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
HENNEPIN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•	•		84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•	•		84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•	•		84	•	
		Classic	•					\$202.11	\$20.67			•				84	•	
	HealthPartners Classic MN Senior Health Options	Classic for Minnesota Senior Health Option					•	\$4.56	\$4.56			•				84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•			97	•	
	Medica Dual Solution	Medica Dual Solution					•	\$2.80	\$2.80				•			90	•	
	Medica Health Plans	Medicare Advantage Solution Choice				•		\$1.87	\$1.87				•			90	•	
		Medica Advantage Solution- Metro-Standard				•		\$82.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	Metropolitan Health Plan MSHO	MHP-MnSHO					•	\$33.11	\$33.11			•				90	•	
	North Star Advantage / North Star Advantage Plus	North Star Advantage	•					\$0.00	-									
		North Star Advantage Plus	•					\$42.90	\$42.90			•				90		
	Sterling Option I	Sterling Option I				•		\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•	
		UCare Complete					•	\$33.11	\$33.11			•				91	•	
		UCare for Seniors Value	•					\$34.00	-									
		UCare for Seniors Value Plus	•					\$74.00	\$30.30	•			•			97	•	
		UCare for Seniors Classic	•					\$104.00	\$31.07	•			•			97	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
HOUSTON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*	
	Blue Plus SecureBlue	Blue Plus SecureBlue					*		\$32.11	\$32.11			*				90		
	HealthPartners	Freedom Plan I					*		\$49.00	-									
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*			84	*	
		Freedom Plan II					*		\$75.00	-									
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*			84	*	
		Freedom Plan III					*		\$110.00	-									
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*			84	*	
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*		*	84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
		Sterling Option I				*			\$38.00	-									
		Today's Option				*			\$14.95	-									
		Today's Options Premier				*			\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options						*	\$33.11	\$33.11			*					91	*
		UCare for Seniors Silver	*						\$56.00	-									
		UCare for Seniors Silver Plus	*						\$92.00	\$31.48	*			*				97	*
		UCare for Seniors Crystal	*						\$121.00	\$32.50	*			*				97	*
		Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-								
		SecurityChoice Plus				*			\$4.00	\$0.00			*	*				88	*
HUBBARD	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*	
	Blue Plus SecureBlue	Blue Plus SecureBlue					*		\$32.11	\$32.11			*				90		
	HealthPartners	Freedom Plan I					*		\$49.00	-									
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*			84	*	
		Freedom Plan II					*		\$75.00	-									
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*			84	*	
		Freedom Plan III					*		\$110.00	-									
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*			84	*	
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*		*	84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*	
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*				90	*	
		Medica Advantage Solution																	
		NonMetroStandard				*			\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*				91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*				91	*
		Sterling Option I	Sterling Option I				*			\$38.00	-								

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
ISANTI	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•		97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•		\$32.11	\$32.11			•			90		
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•		84	•	
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•		84	•	
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		84	•	
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•		84	•	
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		84	•	
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		84	•	
	Classic	Classic	•						\$202.11	\$20.67			•			84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•		97	•	
	Medica Dual Solution	Medica Dual Solution					•		\$2.80	\$2.80			•			90	•	
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•			90	•	
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•		91	•	
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•		91	•	
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options					•		\$33.11	\$33.11			•			91	•	
		UCare for Seniors Value	•						\$34.00	-								
		UCare for Seniors Value Plus	•						\$74.00	\$30.30	•			•		97	•	
		UCare for Seniors Classic	•						\$104.00	\$31.07	•			•		97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•		88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
ITASCA	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	Itasca Medical Care	IMCare Classic						•	\$33.11	\$33.11			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I					•		\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-								
		SecurityChoice Plus					•		\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
JACKSON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*				90	*
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*				90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*				97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*					90	
	HealthPartners	Freedom Plan I					*	\$49.00	-									
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*				84	*
		Freedom Plan II					*	\$75.00	-									
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*				84	*
		Freedom Plan III					*	\$110.00	-									
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*		84	*
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*				84	*
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*		84	*
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*		84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*				97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*					90	*
		Medica Advantage Solution NonMetroStandard				*		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*				91	*
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*				91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	Today's Option	Today's Options Basic				*		\$14.95	-									
		Today's Options Premier				*		\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*					91	*
		UCare for Seniors Silver	*					\$56.00	-									
		UCare for Seniors Silver Plus	*					\$92.00	\$31.48	*			*				97	*
		UCare for Seniors Crystal	*					\$121.00	\$32.50	*			*				97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$4.00	\$0.00			*	*				88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
KANABEC	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	South Country Health Alliance	SeniorCare Complete					•	\$22.66	\$22.66			•				97		
		AbilityCare	•					\$27.79	\$27.79			•				97		
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	UCare Minnesota	UCare for Seniors Grand	•					\$52.00	-									
		UCare for Seniors Grand Plus	•					\$89.00	\$31.48	•			•			97	•	
		UCare for Seniors Superior	•					\$119.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
KANDIYOHI	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*			*			90	*
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*			*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*				*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*					90	
	HealthPartners	Freedom Plan I					*	\$49.00	-									
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*				*			84	*
		Freedom Plan II					*	\$75.00	-									
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*				*			84	*
		Freedom Plan III					*	\$110.00	-									
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*				*		*	84	*
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*				*			84	*
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*				*		*	84	*
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*				*		*	84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*				*			97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*					90	*
		Medica Advantage Solution NonMetroStandard				*		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*				*			91	*
		Prime Solution Enhanced					*	\$141.53	\$26.53	*				*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	Today's Option	Today's Options Basic				*		\$14.95	-									
		Today's Options Premier				*		\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*					91	*
		UCare for Seniors Silver	*					\$56.00	-									
		UCare for Seniors Silver Plus	*					\$92.00	\$31.48	*				*			97	*
		UCare for Seniors Crystal	*					\$121.00	\$32.50	*				*			97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$4.00	\$0.00			*		*			88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
KITTSON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*		*	*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
	HealthPartners	Freedom Plan I					*		\$49.00	-				*				
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*			84	*
		Freedom Plan II					*		\$75.00	-				*				
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*			84	*
		Freedom Plan III					*		\$110.00	-				*				
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*			84	*
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*		*	84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*				90	*
		Medica Advantage Solution NonMetroStandard				*			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	Today's Option	Today's Options Basic				*			\$14.95	-								
		Today's Options Premier				*			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						*	\$33.11	\$33.11			*				91	*
		UCare for Seniors Grand	*						\$52.00	-								
		UCare for Seniors Grand Plus	*						\$89.00	\$31.48	*			*			97	*
		UCare for Seniors Superior	*						\$119.00	\$32.50	*			*			97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-				*				
		SecurityChoice Plus				*			\$4.00	\$0.00			*	*			88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
KOOCHICHING	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	First Plan Blue	First Plan Blue - MSHO						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Itasca Medical Care	IMCare Classic						•	\$33.11	\$33.11			•				90	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard						•	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
LAC QUI PARLE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	Sterling Option I	Sterling Option I					•	\$38.00										
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•	
		UCare for Seniors Silver	•					\$56.00	-									
		UCare for Seniors Silver Plus	•					\$92.00	\$31.48	•			•			97	•	
		UCare for Seniors Crystal	•					\$121.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00										
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
LAKE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	First Plan Blue	First Plan Blue - MSHO						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025						•	\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice						•	\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard						•	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I						•	\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
LAKE OF WOODS	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
LE SUEUR	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution																
		NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 3					•	\$0.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•	
		UCare for Seniors Silver	•					\$56.00	-									
		UCare for Seniors Silver Plus	•					\$92.00	\$31.48	•			•			97	•	
		UCare for Seniors Crystal	•					\$121.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
LINCOLN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*			97	*	
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*				90		
	HealthPartners	Freedom Plan I					*	\$49.00	-									
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*			84	*	
		Freedom Plan II					*	\$75.00	-									
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*			84	*	
		Freedom Plan III					*	\$110.00	-									
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*			84	*	
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*	84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*			97	*	
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*				90	*	
		Medica Advantage Solution NonMetroStandard				*		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*			91	*	
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*			91	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	Today's Option	Today's Options Basic				*		\$14.95	-									
		Today's Options Premier				*		\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*				91	*	
		UCare for Seniors Silver	*					\$56.00	-									
		UCare for Seniors Silver Plus	*					\$92.00	\$31.48	*			*			97	*	
		UCare for Seniors Crystal	*					\$121.00	\$32.50	*			*			97	*	
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$4.00	\$0.00			*	*			88	*	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
LYON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*			97	*	
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*				90		
	HealthPartners	Freedom Plan I					*	\$49.00	-									
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*			84	*	
		Freedom Plan II					*	\$75.00	-									
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*			84	*	
		Freedom Plan III					*	\$110.00	-									
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*			84	*	
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*	84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*			97	*	
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*				90	*	
		Medica Advantage Solution NonMetroStandard				*		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*			91	*	
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*			91	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*				91	*	
		UCare for Seniors Silver	*					\$56.00	-									
		UCare for Seniors Silver Plus	*					\$92.00	\$31.48	*			*			97	*	
		UCare for Seniors Crystal	*					\$121.00	\$32.50	*			*			97	*	
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$4.00	\$0.00			*	*			88	*	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
MAHONOMEN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025						•	\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice						•	\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard						•	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I						•	\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
MARSHALL	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•				90	•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•				90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•				97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•					90	
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•				84	•
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•				84	•
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•		84	•
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•				84	•
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•		84	•
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•		84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•				97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•		\$1.87	\$1.87			•					90	•
		Medica Advantage Solution NonMetroStandard				•		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•				91	•
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•				91	•
	Sterling Option I	Sterling Option I				•		\$38.00										
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•					91	•
		UCare for Seniors Grand	•					\$52.00	-									
		UCare for Seniors Grand Plus	•					\$89.00	\$31.48	•			•				97	•
		UCare for Seniors Superior	•					\$119.00	\$32.50	•			•				97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
		SecurityChoice Plus				•		\$4.00	\$0.00			•	•				88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
MARTIN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	SecureHorizons Direct	SecureHorizons Direct Plan 1					•	\$0.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	Today's Option	Today's Options Basic					•	\$14.95	-									
		Today's Options Premier					•	\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•	
		UCare for Seniors Silver	•					\$56.00	-									
		UCare for Seniors Silver Plus	•					\$92.00	\$31.48	•			•			97	•	
		UCare for Seniors Crystal	•					\$121.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
MC LEOD	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025						•	\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice						•	\$1.87	\$1.87			•				90	•
		NonMetroStandard						•	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Primewest Health System	PrimeWest Senior Health Complete						•	\$31.49	\$31.49			•				90	
	Sterling Option I	Sterling Option I						•	\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
MEEKER	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	Primewest Health System	PrimeWest Senior Health Complete					•	\$31.49	\$31.49			•				90		
	SecureHorizons Direct	SecureHorizons Direct Plan 4					•	\$25.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	UCare Minnesota	UCare for Seniors Value	•					\$34.00	-									
		UCare for Seniors Value Plus	•					\$74.00	\$30.30	•			•			97	•	
		UCare for Seniors Classic	•					\$104.00	\$31.07	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
MILLE LACS	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•			•			90	•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•			•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11				•				90	
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•				•			84	•
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•				•			84	•
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•				•		•	84	•
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•				•			84	•
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•				•		•	84	•
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•				•		•	84	•
		Classic	•					\$202.11	\$20.67				•				84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•				•			97	•
	Medica Dual Solution	Medica Dual Solution					•	\$2.80	\$2.80				•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•		\$1.87	\$1.87				•				90	•
		Medica Advantage Solution NonMetroStandard				•		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•				•			91	•
		Prime Solution Enhanced					•	\$141.53	\$26.53	•				•			91	•
	Sterling Option I	Sterling Option I				•		\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11				•				91	•
		UCare for Seniors Value	•					\$34.00	-									
		UCare for Seniors Value Plus	•					\$74.00	\$30.30	•				•			97	•
		UCare for Seniors Classic	•					\$104.00	\$31.07	•	•			•			97	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
MORRISON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Dual Solution	Medica Dual Solution					•	\$2.80	\$2.80			•				90	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 2					•	\$0.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•	
		UCare for Seniors Grand	•					\$52.00	-									
		UCare for Seniors Grand Plus	•					\$89.00	\$31.48	•			•			97	•	
		UCare for Seniors Superior	•					\$119.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
MOWER	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•		•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•		\$32.11	\$32.11			•			90		
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•		•			84	•	
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•		•			84	•	
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•		•		•	84	•	
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•		•			84	•	
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•		•		•	84	•	
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•		•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•		•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•			90	•	
		Medica Advantage Solution NonMetroStandard					•		\$9.00	-								
	Metropolitan Health Plan MSHO	MHP-MnSHO					•		\$33.11	\$33.11			•			90	•	
	North Star Advantage / North Star Advantage Plus	North Star Advantage	•						\$0.00	-								
		North Star Advantage Plus	•						\$42.90	\$42.90			•			90		
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options					•		\$33.11	\$33.11			•			91	•	
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•		•			97	•	
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•		•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-								
		SecurityChoice Plus					•		\$4.00	\$0.00			•	•		88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
MURRAY	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025						•	\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice						•	\$1.87	\$1.87			•				90	•
		NonMetroStandard						•	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I						•	\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver		•					\$56.00	-								
		UCare for Seniors Silver Plus		•					\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal		•					\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
NICOLLET	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 3					•	\$0.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•	
		UCare for Seniors Silver	•					\$56.00	-									
		UCare for Seniors Silver Plus	•					\$92.00	\$31.48	•			•			97	•	
		UCare for Seniors Crystal	•					\$121.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
NOBLES	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
	HealthPartners	Freedom Plan I					*		\$49.00	-								
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*			84	*
		Freedom Plan II					*		\$75.00	-								
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*			84	*
		Freedom Plan III					*		\$110.00	-								
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*			84	*
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*		*	84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*				90	*
		Medica Advantage Solution NonMetroStandard				*			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	Today's Option	Today's Options Basic				*			\$14.95	-								
		Today's Options Premier				*			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						*	\$33.11	\$33.11			*				91	*
		UCare for Seniors Silver	*						\$56.00	-								
		UCare for Seniors Silver Plus	*						\$92.00	\$31.48	*			*			97	*
		UCare for Seniors Crystal	*						\$121.00	\$32.50	*			*			97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-								
		SecurityChoice Plus				*			\$4.00	\$0.00			*	*			88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
NORMAN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025						•	\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice						•	\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard						•	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I						•	\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name							Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*				Includes Tiered Copayments for Drugs				Mail Order Offered
OLMSTED	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue					•		\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I					•		\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options					•		\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
OTTER TAIL	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service									Generics Only	Generics and Brands		
County	Organization Name	Plan Name									Zero	Reduced	Standard (\$250)					
PENNINGTON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue					•		\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•		•	97	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2					•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200					•		\$85.00	-								
	Sterling Option I	Sterling Option I					•		\$38.00	-								
	Today's Option	Today's Options Basic					•		\$14.95	-								
		Today's Options Premier					•		\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-								
		SecurityChoice Plus					•		\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
PINE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I					•		\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-								
		SecurityChoice Plus					•		\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
PIPESTONE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Primewest Health System	PrimeWest Senior Health Complete						•	\$31.49	\$31.49			•				90	
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
POLK	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
	HealthPartners	Freedom Plan I					*		\$49.00	-								
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*			84	*
		Freedom Plan II					*		\$75.00	-								
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*			84	*
		Freedom Plan III					*		\$110.00	-								
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*			84	*
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*		*	84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Dual Solution	Medica Dual Solution					*		\$2.80	\$2.80			*				90	*
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*				90	*
		Medica Advantage Solution NonMetroStandard				*			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	Metropolitan Health Plan MSHO	MHP-MnSHO						*	\$33.11	\$33.11			*				90	*
	North Star Advantage / North Star Advantage Plus	North Star Advantage	*						\$0.00	-								
		North Star Advantage Plus	*						\$42.90	\$42.90			*				90	
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options					*		\$33.11	\$33.11			*				91	*
		UCare for Seniors Grand	*						\$52.00	-								
		UCare for Seniors Grand Plus	*						\$89.00	\$31.48	*			*			97	*
		UCare for Seniors Superior	*						\$119.00	\$32.50	*			*			97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-				*				
		SecurityChoice Plus				*			\$4.00	\$0.00			*	*			88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
POPE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•				90	•
		NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Primewest Health System	PrimeWest Senior Health Complete						•	\$31.49	\$31.49			•				90	
	SecureHorizons Direct	SecureHorizons Direct Plan 4					•		\$25.00	-								
		SecureHorizons Direct Premier Plan 200					•		\$85.00	-								
	Sterling Option I	Sterling Option I					•		\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-								
		SecurityChoice Plus					•		\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
RAMSEY	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*			97	*	
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11	*		*	*			90		
	HealthPartners	Freedom Plan I					*	\$49.00	-				*					
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*			84	*	
		Freedom Plan II					*	\$75.00	-				*					
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*			84	*	
		Freedom Plan III					*	\$110.00	-				*					
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*		*	84	*	
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*	84	*	
		Classic	*					\$202.11	\$20.67			*	*			84	*	
	HealthPartners Classic MN Senior Health Options	Classic for Minnesota Senior Health Option					*	\$4.56	\$4.56			*	*			84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*			97	*	
	Medica Dual Solution	Medica Dual Solution					*	\$2.80	\$2.80			*	*			90	*	
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*	*			90	*	
		Medica Advantage Solution- Metro-Standard				*		\$82.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*			91	*	
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*			91	*	
	North Star Advantage / North Star Advantage Plus	North Star Advantage	*					\$0.00	-									
		North Star Advantage Plus	*					\$42.90	\$42.90			*				90		
	Sterling Option I	Sterling Option I				*		\$38.00										
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*	*			91	*	
		UCare Complete					*	\$33.11	\$33.11			*	*			91	*	
		UCare for Seniors Value	*					\$34.00	-				*					
		UCare for Seniors Value Plus	*					\$74.00	\$30.30	*			*			97	*	
		UCare for Seniors Classic	*					\$104.00	\$31.07	*			*			97	*	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
RED LAKE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*			97	*	
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*				90		
	HealthPartners	Freedom Plan I					*	\$49.00	-									
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*			84	*	
		Freedom Plan II					*	\$75.00	-									
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*			84	*	
		Freedom Plan III					*	\$110.00	-									
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*			84	*	
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*	84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					*	\$0.00	\$0.00	*			*			97	*	
	Medica Health Plans	Medicare Advantage Solution Choice					*	\$1.87	\$1.87			*				90	*	
		Medica Advantage Solution NonMetroStandard					*	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*			91	*	
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*			91	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 3					*	\$0.00	-									
		SecureHorizons Direct Premier Plan 200					*	\$85.00	-									
	Sterling Option I	Sterling Option I					*	\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*				91	*	
		UCare for Seniors Grand	*					\$52.00	-									
		UCare for Seniors Grand Plus	*					\$89.00	\$31.48	*			*			97	*	
		UCare for Seniors Superior	*					\$119.00	\$32.50	*			*			97	*	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					*	\$0.00	-									
		SecurityChoice Plus					*	\$4.00	\$0.00			*	*			88	*	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
REDWOOD	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
	HealthPartners	Freedom Plan I					*		\$49.00	-								
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*			84	*
		Freedom Plan II					*		\$75.00	-								
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*			84	*
		Freedom Plan III					*		\$110.00	-								
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*			84	*
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*		*	84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*				90	*
		Medica Advantage Solution NonMetroStandard				*			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	Today's Option	Today's Options Basic				*			\$14.95	-								
		Today's Options Premier				*			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						*	\$33.11	\$33.11			*				91	*
		UCare for Seniors Silver	*						\$56.00	-								
		UCare for Seniors Silver Plus	*						\$92.00	\$31.48	*			*			97	*
		UCare for Seniors Crystal	*						\$121.00	\$32.50	*			*			97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-								
		SecurityChoice Plus				*			\$4.00	\$0.00			*	*			88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
RENVILLE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025						•	\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice						•	\$1.87	\$1.87			•				90	•
		NonMetroStandard						•	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Primewest Health System	PrimeWest Senior Health Complete						•	\$31.49	\$31.49			•				90	
	Sterling Option I	Sterling Option I						•	\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
RICE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
	HealthPartners	Freedom Plan I					*		\$49.00	-								
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*			84	*
		Freedom Plan II					*		\$75.00	-								
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*			84	*
		Freedom Plan III					*		\$110.00	-								
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*			84	*
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*		*	84	*
		Classic	*						\$202.11	\$20.67			*				84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Dual Solution	Medica Dual Solution						*	\$2.80	\$2.80			*				90	*
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*				90	*
		Medicare Advantage Solution NonMetroStandard				*			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						*	\$33.11	\$33.11			*				91	*
		UCare for Seniors Silver	*						\$56.00	-								
		UCare for Seniors Silver Plus	*						\$92.00	\$31.48	*			*			97	*
		UCare for Seniors Crystal	*						\$121.00	\$32.50	*			*			97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-								
		SecurityChoice Plus				*			\$4.00	\$0.00			*	*			88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
ROCK	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*				90	*
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*				90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*				97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*					90	
	HealthPartners	Freedom Plan I					*	\$49.00	-									
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*				84	*
		Freedom Plan II					*	\$75.00	-									
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*				84	*
		Freedom Plan III					*	\$110.00	-									
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*		84	*
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*				84	*
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*		84	*
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*		84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*				97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*					90	*
		Medica Advantage Solution NonMetroStandard				*		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*				91	*
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*				91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	Today's Option	Today's Options Basic				*		\$14.95	-									
		Today's Options Premier				*		\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*					91	*
		UCare for Seniors Silver	*					\$56.00	-									
		UCare for Seniors Silver Plus	*					\$92.00	\$31.48	*			*				97	*
		UCare for Seniors Crystal	*					\$121.00	\$32.50	*			*				97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$4.00	\$0.00			*	*				88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
ROSEAU	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*				90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*				90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*					97	*	
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*			90		
	HealthPartners	Freedom Plan I					*		\$49.00	-								
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*		84	*	
		Freedom Plan II					*		\$75.00	-								
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*		84	*	
		Freedom Plan III					*		\$110.00	-								
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*		84	*	
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*		84	*	
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*		84	*	
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*		84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					*		\$0.00	\$0.00	*			*		97	*	
	Medica Health Plans	Medicare Advantage Solution Choice					*		\$1.87	\$1.87			*			90	*	
		Medica Advantage Solution NonMetroStandard					*		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*		91	*	
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*		91	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 2					*		\$0.00	-								
		SecureHorizons Direct Premier Plan 200					*		\$85.00	-								
	Sterling Option I	Sterling Option I					*		\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						*	\$33.11	\$33.11			*			91	*	
		UCare for Seniors Grand	*						\$52.00	-								
		UCare for Seniors Grand Plus	*						\$89.00	\$31.48	*			*		97	*	
		UCare for Seniors Superior	*						\$119.00	\$32.50	*			*		97	*	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					*		\$0.00	-								
		SecurityChoice Plus					*		\$4.00	\$0.00			*	*		88	*	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
SCOTT	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
		Classic	•						\$202.11	\$20.67			•				84	•
	HealthPartners Classic MN Senior Health Options	Classic for Minnesota Senior Health Option						•	\$4.56	\$4.56			•				84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Metropolitan Health Plan MSHO	MHP-MnSHO						•	\$33.11	\$33.11			•				90	•
	North Star Advantage / North Star Advantage Plus	North Star Advantage	•						\$0.00	-								
		North Star Advantage Plus	•						\$42.90	\$42.90			•				90	
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare Complete						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Value	•						\$34.00	-								
		UCare for Seniors Value Plus	•						\$74.00	\$30.30	•			•			97	•
		UCare for Seniors Classic	•						\$104.00	\$31.07	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
SHERBURNE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*				90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*				90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*		97	*	
	Blue Plus SecureBlue	Blue Plus SecureBlue					*		\$32.11	\$32.11			*			90		
	HealthPartners	Freedom Plan I					*		\$49.00	-								
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*		*			84	*	
		Freedom Plan II					*		\$75.00	-								
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*		*			84	*	
		Freedom Plan III					*		\$110.00	-								
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*		*	*		84	*	
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*		*			84	*	
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*		*	*		84	*	
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*		*	*		84	*	
		Classic	*						\$202.11	\$20.67			*			84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*		*			97	*	
	Medica Dual Solution	Medica Dual Solution					*		\$2.80	\$2.80			*			90	*	
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*			90	*	
		Medica Advantage Solution NonMetroStandard				*			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*		*			91	*	
		Prime Solution Enhanced					*		\$141.53	\$26.53	*		*			91	*	
	North Star Advantage / North Star Advantage Plus	North Star Advantage	*						\$0.00	-								
		North Star Advantage Plus	*						\$42.90	\$42.90			*			90		
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-			*					
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options					*		\$33.11	\$33.11			*			91	*	
		UCare for Seniors Value	*						\$34.00	-								
		UCare for Seniors Value Plus	*						\$74.00	\$30.30	*		*			97	*	
		UCare for Seniors Classic	*						\$104.00	\$31.07	*		*			97	*	
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-				*				
		SecurityChoice Plus				*			\$4.00	\$0.00			*	*		88	*	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
SIBLEY	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•				90	•
		NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	South Country Health Alliance	SeniorCare Complete						•	\$22.66	\$22.66			•				97	
		AbilityCare	•						\$27.79	\$27.79			•				97	
	Sterling Option I	Sterling Option I					•		\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-								
		SecurityChoice Plus					•		\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
ST. LOUIS	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	First Plan Blue	First Plan Blue - MSHO						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025						•	\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice						•	\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard						•	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I						•	\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48				•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
STEARNS	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•			•			90	•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•			•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•					90	
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•				•			84	•
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•				•			84	•
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•				•		•	84	•
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•				•			84	•
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•				•		•	84	•
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•				•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•				•			97	•
	Medica Dual Solution	Medica Dual Solution					•	\$2.80	\$2.80			•					90	•
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•					90	•
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•				•			91	•
		Prime Solution Enhanced					•	\$141.53	\$26.53	•				•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4					•	\$25.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•					91	•
		UCare for Seniors Value	•					\$34.00	-									
		UCare for Seniors Value Plus	•					\$74.00	\$30.30	•				•			97	•
		UCare for Seniors Classic	•					\$104.00	\$31.07	•				•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•		•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

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Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
STEELE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
	HealthPartners	Freedom Plan I					*		\$49.00	-								
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*			84	*
		Freedom Plan II					*		\$75.00	-								
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*			84	*
		Freedom Plan III					*		\$110.00	-								
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*			84	*
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*		*	84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*				90	*
		Medica Advantage Solution NonMetroStandard				*			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	South Country Health Alliance	SeniorCare Complete						*	\$22.66	\$22.66			*				97	
		AbilityCare	*						\$27.79	\$27.79			*				97	
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	Today's Option	Today's Options Basic				*			\$14.95	-								
		Today's Options Premier				*			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						*	\$33.11	\$33.11			*				91	*
		UCare for Seniors Silver	*						\$56.00	-								
		UCare for Seniors Silver Plus	*						\$92.00	\$31.48	*			*			97	*
		UCare for Seniors Crystal	*						\$121.00	\$32.50	*			*			97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-				*				
		SecurityChoice Plus				*			\$4.00	\$0.00			*	*			88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name							Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*				Includes Tiered Copayments for Drugs				Mail Order Offered
STEVENS	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue					•		\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Primewest Health System	PrimeWest Senior Health Complete					•		\$31.49	\$31.49			•				90	
	Sterling Option I	Sterling Option I				•			\$38.00	-								

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
SWIFT	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 3					•	\$0.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•	
		UCare for Seniors Silver	•					\$56.00	-									
		UCare for Seniors Silver Plus	•					\$92.00	\$31.48	•			•			97	•	
		UCare for Seniors Crystal	•					\$121.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
TODD	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Dual Solution	Medica Dual Solution						\$2.80	\$2.80			•				90	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 1					•	\$0.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	Today's Option	Today's Options Basic					•	\$14.95	-									
		Today's Options Premier					•	\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•	
		UCare for Seniors Grand	•					\$52.00	-									
		UCare for Seniors Grand Plus	•					\$89.00	\$31.48	•			•			97	•	
		UCare for Seniors Superior	•					\$119.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
TRAVERSE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice					•		\$1.87	\$1.87			•				90	•
		NonMetroStandard					•		\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Primewest Health System	PrimeWest Senior Health Complete						•	\$31.49	\$31.49			•				90	
	SecureHorizons Direct	SecureHorizons Direct Plan 3					•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200					•		\$85.00	-								
	Sterling Option I	Sterling Option I					•		\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-								
		SecurityChoice Plus					•		\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
WABASHA	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*			97	*	
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*				90		
	HealthPartners	Freedom Plan I					*	\$49.00	-									
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*			84	*	
		Freedom Plan II					*	\$75.00	-									
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*			84	*	
		Freedom Plan III					*	\$110.00	-									
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*			84	*	
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*	84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*			97	*	
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*				90	*	
		Medica Advantage Solution NonMetroStandard				*		\$9.00	-									
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	South Country Health Alliance	SeniorCare Complete					*	\$22.66	\$22.66			*				97		
		AbilityCare	*					\$27.79	\$27.79			*				97		
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	Today's Option	Today's Options Basic				*		\$14.95	-									
		Today's Options Premier				*		\$26.95	-									
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*				91	*	
		UCare for Seniors Silver	*					\$56.00	-									
		UCare for Seniors Silver Plus	*					\$92.00	\$31.48	*			*			97	*	
		UCare for Seniors Crystal	*					\$121.00	\$32.50	*			*			97	*	
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$4.00	\$0.00			*	*			88	*	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
WADENA	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90		
	HealthPartners	Freedom Plan I					•	\$49.00	-									
		Freedom Plan I with Standard Rx					•	\$68.88	\$19.88	•			•			84	•	
		Freedom Plan II					•	\$75.00	-									
		Freedom Plan II with Standard Rx					•	\$94.88	\$19.88	•			•			84	•	
		Freedom Plan III					•	\$110.00	-									
		Freedom Plan I with Enhanced Rx					•	\$116.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Standard Rx					•	\$129.88	\$19.88	•			•			84	•	
		Freedom Plan II with Enhanced Rx					•	\$142.66	\$67.66	•			•		•	84	•	
		Freedom Plan III with Enhanced Rx					•	\$177.66	\$67.66	•			•		•	84	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•	\$0.00	\$0.00	•			•			97	•	
	Medica Dual Solution	Medica Dual Solution					•	\$2.80	\$2.80			•				90	•	
	Medica Health Plans	Medicare Advantage Solution Choice					•	\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard					•	\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 4					•	\$25.00	-									
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
	Sterling Option I	Sterling Option I					•	\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•	
		UCare for Seniors Grand	•					\$52.00	-									
		UCare for Seniors Grand Plus	•					\$89.00	\$31.48	•			•			97	•	
		UCare for Seniors Superior	•					\$119.00	\$32.50	•			•			97	•	
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
		SecurityChoice Plus					•	\$4.00	\$0.00			•	•			88	•	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
WASECA	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
	HealthPartners	Freedom Plan I						*	\$49.00	-								
		Freedom Plan I with Standard Rx						*	\$68.88	\$19.88	*			*			84	*
		Freedom Plan II						*	\$75.00	-								
		Freedom Plan II with Standard Rx						*	\$94.88	\$19.88	*			*			84	*
		Freedom Plan III						*	\$110.00	-								
		Freedom Plan I with Enhanced Rx						*	\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Standard Rx						*	\$129.88	\$19.88	*			*			84	*
		Freedom Plan II with Enhanced Rx						*	\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx						*	\$177.66	\$67.66	*			*		*	84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*				90	*
		Medica Advantage Solution NonMetroStandard				*			\$9.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	South Country Health Alliance	SeniorCare Complete						*	\$22.66	\$22.66			*				97	
		AbilityCare	*						\$27.79	\$27.79			*				97	
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	Today's Option	Today's Options Basic				*			\$14.95	-								
		Today's Options Premier				*			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						*	\$33.11	\$33.11			*				91	*
		UCare for Seniors Silver	*						\$56.00	-								
		UCare for Seniors Silver Plus	*						\$92.00	\$31.48	*			*			97	*
		UCare for Seniors Crystal	*						\$121.00	\$32.50	*			*			97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-								
		SecurityChoice Plus				*			\$4.00	\$0.00			*	*			88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
WASHINGTON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*			97	*	
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*				90		
	HealthPartners	Freedom Plan I					*	\$49.00	-									
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*			84	*	
		Freedom Plan II					*	\$75.00	-									
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*			84	*	
		Freedom Plan III					*	\$110.00	-									
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*			84	*	
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*	84	*	
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*	84	*	
		Classic	*					\$202.11	\$20.67			*				84	*	
	HealthPartners Classic MN Senior Health Options	Classic for Minnesota Senior Health Option					*	\$4.56	\$4.56			*				84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*			97	*	
	Medica Dual Solution	Medica Dual Solution					*	\$2.80	\$2.80			*				90	*	
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*				90	*	
		Medica Advantage Solution NonMetroStandard				*		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*			91	*	
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*			91	*	
	North Star Advantage / North Star Advantage Plus	North Star Advantage	*					\$0.00	-									
		North Star Advantage Plus	*					\$42.90	\$42.90			*				90		
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*				91	*	
		UCare Complete					*	\$33.11	\$33.11			*				91	*	
		UCare for Seniors Value	*					\$34.00	-									
		UCare for Seniors Value Plus	*					\$74.00	\$30.30	*			*			97	*	
		UCare for Seniors Classic	*					\$104.00	\$31.07	*			*			97	*	
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$4.00	\$0.00			*	*			88	*	

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
WATONWAN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*				90	*
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*				90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*				97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue					*	\$32.11	\$32.11			*					90	
	HealthPartners	Freedom Plan I					*	\$49.00	-				*					
		Freedom Plan I with Standard Rx					*	\$68.88	\$19.88	*			*				84	*
		Freedom Plan II					*	\$75.00	-				*					
		Freedom Plan II with Standard Rx					*	\$94.88	\$19.88	*			*				84	*
		Freedom Plan III					*	\$110.00	-				*					
		Freedom Plan I with Enhanced Rx					*	\$116.66	\$67.66	*			*		*		84	*
		Freedom Plan III with Standard Rx					*	\$129.88	\$19.88	*			*				84	*
		Freedom Plan II with Enhanced Rx					*	\$142.66	\$67.66	*			*		*		84	*
		Freedom Plan III with Enhanced Rx					*	\$177.66	\$67.66	*			*		*		84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*				97	*
	Medica Health Plans	Medicare Advantage Solution Choice				*		\$1.87	\$1.87			*					90	*
		Medica Advantage Solution NonMetroStandard				*		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*				91	*
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*				91	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-				*					
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-				*					
	Sterling Option I	Sterling Option I				*		\$38.00	-				*					
	Today's Option	Today's Options Basic				*		\$14.95	-				*					
		Today's Options Premier				*		\$26.95	-				*					
	UCare Minnesota	Minnesota Senior Health Options					*	\$33.11	\$33.11			*					91	*
		UCare for Seniors Silver	*					\$56.00	-				*					
		UCare for Seniors Silver Plus	*					\$92.00	\$31.48	*			*				97	*
		UCare for Seniors Crystal	*					\$121.00	\$32.50	*			*				97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-				*					
		SecurityChoice Plus				*		\$4.00	\$0.00			*	*				88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
WILKIN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025						•	\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice						•	\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard						•	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2						•	\$0.00	-								
		SecureHorizons Direct Premier Plan 200						•	\$85.00	-								
	Sterling Option I	Sterling Option I						•	\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
WINONA	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025						•	\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1						•	\$0.00	-								
		SecureHorizons Direct Premier Plan 200						•	\$85.00	-								
	Sterling Option I	Sterling Option I						•	\$38.00	-								
	Today's Option	Today's Options Basic						•	\$14.95	-								
		Today's Options Premier						•	\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic						•	\$0.00	-								
		SecurityChoice Plus						•	\$4.00	\$0.00			•	•			88	•

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
WRIGHT	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
	Blue Plus SecureBlue	Blue Plus SecureBlue						*	\$32.11	\$32.11			*				90	
	HealthPartners	Freedom Plan I					*		\$49.00	-								
		Freedom Plan I with Standard Rx					*		\$68.88	\$19.88	*			*			84	*
		Freedom Plan II					*		\$75.00	-								
		Freedom Plan II with Standard Rx					*		\$94.88	\$19.88	*			*			84	*
		Freedom Plan III					*		\$110.00	-								
		Freedom Plan I with Enhanced Rx					*		\$116.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Standard Rx					*		\$129.88	\$19.88	*			*			84	*
		Freedom Plan II with Enhanced Rx					*		\$142.66	\$67.66	*			*		*	84	*
		Freedom Plan III with Enhanced Rx					*		\$177.66	\$67.66	*			*		*	84	*
		Classic	*						\$202.11	\$20.67			*				84	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Dual Solution	Medica Dual Solution						*	\$2.80	\$2.80			*				90	*
	Medica Health Plans	Medicare Advantage Solution Choice				*			\$1.87	\$1.87			*				90	*
		Medicare Advantage Solution NonMetroStandard				*			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
	North Star Advantage / North Star Advantage Plus	North Star Advantage	*						\$0.00	-								
		North Star Advantage Plus	*						\$42.90	\$42.90			*				90	
	Sterling Option I	Sterling Option I				*			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						*	\$33.11	\$33.11			*				91	*
		UCare for Seniors Value	*						\$34.00	-								
		UCare for Seniors Value Plus	*						\$74.00	\$30.30	*			*			97	*
		UCare for Seniors Classic	*						\$104.00	\$31.07	*			*			97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-								
		SecurityChoice Plus				*			\$4.00	\$0.00			*	*			88	*

Minnesota Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
YELLOW MEDICINE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I						•	\$49.00	-								
		Freedom Plan I with Standard Rx						•	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II						•	\$75.00	-								
		Freedom Plan II with Standard Rx						•	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III						•	\$110.00	-								
		Freedom Plan I with Enhanced Rx						•	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx						•	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx						•	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx						•	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic						•	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced						•	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•